

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |                           | Docket Number (Optional)<br>014801-001300US |               |            |                         |  |   |       |      |               |   |       |       |            |   |        |       |            |  |        |       |            |  |        |        |            |
|---|---------------------------|---|---------------|------------|-------------------------|--|---|-------|------|---------------|---|-------|-------|------------|---|--------|-------|------------|--|--------|-------|------------|--|--------|--------|------------|
| <b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |                           |   |               |            |                         |  |   |       |      |               |   |       |       |            |   |        |       |            |  |        |       |            |  |        |        |            |
| Application Number 09/516,949   | Filed March 1, 2000       |   |               |            |                         |  |   |       |      |               |   |       |       |            |   |        |       |            |  |        |       |            |  |        |        |            |
| For SYSTEM AND METHOD FOR ELECTRONIC DISTRIBUTION OF BENEFITS   |                           |   |               |            |                         |  |   |       |      |               |   |       |       |            |   |        |       |            |  |        |       |            |  |        |        |            |
| Art Unit 3693   | Examiner Karmis, Stefanos |   |               |            |                         |  |   |       |      |               |   |       |       |            |   |        |       |            |  |        |       |            |  |        |        |            |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;"></th> <th style="text-align: center; width: 20%;"><u>Fee</u></th> <th style="text-align: center; width: 20%;"><u>Small Entity Fee</u></th> <th style="text-align: right; width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: right;">\$ <u>130</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: right;">\$ <u></u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: right;">\$ <u></u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: right;">\$ <u></u></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: right;">\$ <u></u></td> </tr> </tbody> </table> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br/> <input type="checkbox"/> A check in the amount of the fee is enclosed.<br/> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br/> <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br/> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>.<br/> <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b> </p> <p>I am the <input type="checkbox"/> applicant/inventor.<br/> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).<br/> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>65,990</u><br/> <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/> Registration number if acting under 37 CFR 1.34 <u></u></p> <p style="text-align: center;">/Clark F. Weight/<br/>_____<br/>Signature</p> <p style="text-align: right;">July 15, 2010<br/>_____<br/>Date</p> <p style="text-align: center;">Clark F. Weight, Reg. No. 65,990<br/>_____<br/>Typed or printed name</p> <p style="text-align: right;">(303) 571-4000<br/>_____<br/>Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> |                           |   |               | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ <u>130</u> | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ <u></u> | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ <u></u> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ <u></u> | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ <u></u> |
|   | <u>Fee</u>                | <u>Small Entity Fee</u>                     |               |            |                         |  |   |       |      |               |   |       |       |            |   |        |       |            |  |        |       |            |  |        |        |            |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130                     | \$65  | \$ <u>130</u> |            |                         |  |   |       |      |               |   |       |       |            |   |        |       |            |  |        |       |            |  |        |        |            |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490                     | \$245                                       | \$ <u></u>    |            |                         |  |   |       |      |               |   |       |       |            |   |        |       |            |  |        |       |            |  |        |        |            |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110                    | \$555                                       | \$ <u></u>    |            |                         |  |   |       |      |               |   |       |       |            |   |        |       |            |  |        |       |            |  |        |        |            |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730                    | \$865                                       | \$ <u></u>    |            |                         |  |   |       |      |               |   |       |       |            |   |        |       |            |  |        |       |            |  |        |        |            |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350                    | \$1175                                      | \$ <u></u>    |            |                         |  |   |       |      |               |   |       |       |            |   |        |       |            |  |        |       |            |  |        |        |            |